



# ANDHRA UNIVERSITY DIRECTORATE OF ADMISSIONS

**FORM-1**

**ORIGINAL**

Registration No.

Application Form for Ph.D. Admission under Extramural Category  
Last date for receipt of filled-in applications without fine: 24-04-2026 (5 p.m.);  
With late fee of Rs. 1,500/-, 28-04-2026 (5 p.m.)

Affix attested  
recent  
Passport size  
photo

Note: Admission into Ph.D. degree shall be made in accordance with guidelines specified in the Resarch admission information Brochure. Strike off whichever is not applicable and **put a ✓ mark** wherever necessary. Each application should be accompanied by a D.D. of **Rs. 1,500/-** drawn in favour of The Registrar, A.U.Common Entrance Test & Admissions, Visakhapatnam on any Nationalised Bank, payable at Visakhapatnam.

**1. Particulars of Registration Fee:**

Amount: Rs. ....D.D.No. .... Date: ..... Name of the Bank: .....

**2. Subject Code & Name**

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**3. Name of the Applicant (in Capital Letters) (As per S.S.C. or equivalent) :**

SURNAME	NAME

**4. Name of the Father / Mother :**  
(Guardian, if parents are not alive)

**5. Gender:**

Male		Female	
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**6. Date of Birth:**

DATE	MONTH	YEAR

**7. Residential status:**

Local		Non-local		Other State	
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**8. Reservation Category :** Put ✓ mark in appropriate box (Enclose attested copies - See Information Brochure)

SC-A	SC-B	SC-C	ST	BC-A	BC-B	BC-C	BC-D	BC-E	OC	EWS	PWD

**9. Particulars of Qualifying Examination (Attested Xerox Copies of the Marks staments & PC must be enclosed. Otherwise the application will be Rejected)**

Qualifying P.G./M.Phil. Degree	Subject studied / Specialization	Percentage of Marks / CGPA	University	Year of Passing

**10. Whether applied under Extramural category write the details :**

**11. Permanent Address:**

.....  
.....  
.....  
.....

PIN code:.....Ph.No.....

Email : .....

**12. Address for Correspondence:**

.....  
.....  
.....  
.....

PIN code:.....Ph.No.....

Mobile No : .....

**13. Particulars of Research Guide / Institution :**

- (a) Name of the organisation in which the candidate is at present working. (for EMR only) : .....
  - (b) Whether the Institution is recognized by A.U.\* (for EMR only) : .....
  - (c) (i) Name and designation of the internal guide from the parent organization. (for EMR only) : .....
  - (ii) The number of candidates working with the guide under these categories (should not exceed 6) : .....
  - (d) Whether the internal guide is recognised by A.U.\* (for EMR only), if yes proceedings details. : .....
  - (e) (i) Name of the Research guide in the University department under whose guidance the candidate prefers to work. : .....
  - (ii) The number of candidates working with the guide under these categories (should not exceed 6) : .....
  - (f) Service particulars\* (for EMR only) : .....
  - (g) No objection certificate\* from the employer (for EMR only) : .....**Yes/No**.....
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\*Copies of the relevant certificates must be enclosed.

**DECLARATION BY THE CANDIDATE**

I here by declare that the particulars given in items 1 to 13 above are correct. In the event of any information being found false, I declare to forego my admission forthwith.

**Date:**

**Signature of the candidate**